# Text Description automatically generated with medium confidence

# Child Abuse and Neglect Prevention Board

# Request for Application Form

**Use of form:** Use of this form is mandatory. If the requested information is not provided, the Prevention Board will be unable to process your application. Personal information you provide may be used for secondary purposes [Privacy Law, §15.04(1)(m), Wisconsin Statutes].

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| |  |  | | --- | --- | | Application #  433001-G24-0002303 | Title  Child Abuse and Neglect Prevention Board Triple P Expansion Grant | |

## 

## APPLICANT INFORMATION

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| --- | --- | --- | --- |
| Legal Applicant/Organization Name | | | Telephone Number |
| Applicant Contact Name | | | UEI Number |
| Applicant/Organization Mailing Address (Street, City, State, Zip Code) | | | DUNS Number |
| Applicant Contact Email Address | | | |
| **We certify that everything in the application is true to the best of our knowledge and we will adhere to the requirements of the application and the resulting contract.** | | | |
| Name of Authorized Representative: | Title of Representative: | Phone of Representative: | |
| Signature of Representative: | Date Signed | Email of Representative: | |

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| **Project Information** | | |
| Short Project Summary (2-3 sentences): Click or tap here to enter text. | | |
| Project Service Area - Counties, Town, City: Click or tap here to enter text. | | |
| Breakdown of population under age 18 in your service area: Click or tap here to enter text. | | |
| WISH (Wisconsin Interactive Statistics on Health) Query System can be used for the population data: <https://www.dhs.wisconsin.gov/wish/index.htm> | | |
| Number of staff trained in Bringing the Protective Factors Framework to Life in Your Work | No. full-time employees | No. part-time employees |
| Will this project be a part of a larger community initiative? Examples include but are not limited to, Dream Up, Partner Up, Born Learning, Talk Read Play, Strive Together, Cradle to Career, Success by 6, etc. | | Yes or No  if yes include name |

**Triple P Expansion Grant Staffing Plan**

The staffing plan provides a presentation and justification of all staff required to implement the project. The staffing plan needs to identify the total personal who will be supported under grant funding and include resumes or curriculum vitae if available. Include the following elements in the staffing plan:

1. Position Title (e.g., Chief Executive Officer)
2. Staff Name (Note: If the individual has not been identified to occupy this position, please indicate “To Be Determined”)
3. Education/Experience Qualifications
4. General Responsibilities
5. Annual Salary
6. Percentage of Full Time Equivalent (FTE) for staff involvement
7. Amount Requested (list the Prevention Board grant funds requested for each position)

| **Position Title** | **Staff Name** | **Education / Experience Qualifications** | **Resume or CV Included** | **General Responsibilities** | **Annual Salary** | **Percent FTE** | **Amount Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Example..*  Project Director | Mary Doe | MSW, 2019 | Yes | Overseeing all operations of the project. | $64,890 | 10% | $6,489 |
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